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DECL	ARATION	Attorney Do	cket Number	COD-133			
	AND OF ATTORNEY					Christopher McDowell	
	ITY OR DESIGN APPLICATION			COMPLE	TE IF KNOWN		
	CFR 1.63)	rcharge	Application I	Number			
Declaration Submitted with Initial Filing	Declaration Subj		Filing Date		September 21, 200	1	
Ů	(37 CFR 1.16(e)		Group Art U	nit			
			Examiner Na	ame			
As a below named invento	r, I hereby declare that	t:					
My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
TRAY FOR SURGICAL FASTNERS (Title of the Invention)							
the specification of which							
is attached hereto							
OR							
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYYY)							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application	Country		Filing Date D/YYYY)	Priority Not Claime	d Certified Attache		
Number(s)					YES	NO	
Additional foreign applic	ation numbers are liste	d on a suppl	emental priorit	y data sheet P	TO/SB/02B attached	hereto:	

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DECLARATION - Utility or Design Patent Application									
I hereby claim the henefit under	3511.5.0	119(e) of any United States provisional a	polication(s) listed below						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Application Number(s) Filing Date (MM/DD/YYYY)									
60/234,491	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.								
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:									
Application Serial No.		Filing Date	Status						
			Patented Patented Patented						
I hereby appoint:									
Place Customer Number Bar Code Label Here									
Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United									
States Patent and Trademark Of Address all telephone calls to Andrew									
Customer Number Direct all correspondence to: or Bar Code Label O00027777 OR Correspondence address below Name:									
Address:									
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Country		Telephone:	Fax:						

or straight and consider a different by the consideration of the constitution of

I hereby declare that all statements m information and belief are believed to that willful false statements and the lik U.S.C. 1001 and that such willful false issued thereon.	be true; and further ke so made are pun	that these sta	tements were or imprisonme	made with the knowledge ent, or both, under 18				
NAME OF SOLE OR FIRST INVENTOR:	etition has been filed for this unsigned inventor							
Given Name (first and middle [if any]) Christopher	Family Name or Surname McDowell							
Inventor's Signature		Date						
Residence: City Raynham	State MA	State MA Country USA		Citizenship USA				
Mailing Address 519 Orchard Street	Mailing Address 519 Orchard Street							
City Raynham	State MA	ZIP 02767		Country USA				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SECOND INVENTOR:	ME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])								
Inventor's Signature			Date					
Residence: City	State	Coun	try	Citizenship				
Mailing Address								
City	State	ZiP		Country				
I hereby declare that all statements me information and belief are believed to that willful false statements and the lil U.S.C. 1001 and that such willful false issued thereon.	be true; and further ke so made are pun	r that these sta hishable by fine	atements were e or imprisonm	made with the knowledge ent, or both, under 18				
NAME OF THIRD INVENTOR: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])		Family Name or Surname						
Inventor's Signature			Date					
Residence: City	State	Coun	try	Citizenship				
Mailing Address								
City	State	ZIP		Country				